



# TIGER KLOOF EDUCATIONAL INSTITUTION (NPO)

*"Creating new paths in learning, doing and serving"*

REG NO: 92/02301/08

## APPLICATION FOR RE-ADMISSION TO THE HOSTEL

**YEAR:** \_\_\_\_\_

- This form must be completed by parents/guardians and handed in at the school

### **PARTICULARS OF PUPILS:**

#### **CHILD 1**

Surname : \_\_\_\_\_

Name : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Present Grade : \_\_\_\_\_

#### **CHILD 2**

Surname : \_\_\_\_\_

Name : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Present Grade : \_\_\_\_\_

### **PARTICULARS OF APPLICANT:**

Relation to child : \_\_\_\_\_

Surname : \_\_\_\_\_

First Name : \_\_\_\_\_

ID number : \_\_\_\_\_

Cell number : \_\_\_\_\_

Employer : \_\_\_\_\_

Work Tel number : \_\_\_\_\_

Street Address : \_\_\_\_\_

Postal Address : \_\_\_\_\_

: \_\_\_\_\_

Work Address : \_\_\_\_\_

: \_\_\_\_\_

**EMERGENCY CONTACTS:**

**CONTACT 1**

Name : \_\_\_\_\_

Relation to child : \_\_\_\_\_

Cellular Number : \_\_\_\_\_

**CONTACT 2**

Name : \_\_\_\_\_

Relation to child : \_\_\_\_\_

Cellular Number : \_\_\_\_\_

**MEDICAL TREATMENT:**

Medical Scheme : \_\_\_\_\_

Medical Aid no : \_\_\_\_\_

Doctor's Name : \_\_\_\_\_

Doctors Tel no : \_\_\_\_\_

**UNDERTAKING BY SIGNING THIS FORM:**

- *I am fully aware that my child's admission is subject to hostel regulations and rules. I am prepared to abide and to undertake the following:*
  - a) *To pay the fees in advance (per month, per term or per year)*
  - b) *To give written notice before removing my child from the hostel*
  - c) *To pay for any damage caused by my child to the hostel*
  - d) *All medical costs will be for my own account or my medical aid*
- *I declare that the above-mentioned information is true and correct*

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**